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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,741	12/31/2003	David C. Hastings	5024-00025	8839
7590	07/25/2005			EXAMINER NGUYEN, HUNG T
Joseph D. Kuborn ANDRUS, SCEALES, STARKE & SAWALL Suite 1100 100 East Wisconsin Avenue Milwaukee, WI 53202			ART UNIT 2636	PAPER NUMBER

DATE MAILED: 07/25/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Office Action Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	10/749,741	HASTINGS ET AL.	
	<b>Examiner</b>	<b>Art Unit</b>	
	Hung T. Nguyen	2636	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) Responsive to communication(s) filed on 31 December 2003.  
 2a) This action is FINAL.                    2b) This action is non-final.  
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) Claim(s) 1-60 is/are pending in the application.  
 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.  
 5) Claim(s) \_\_\_\_\_ is/are allowed.  
 6) Claim(s) 1-60 is/are rejected.  
 7) Claim(s) \_\_\_\_\_ is/are objected to.  
 8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) The specification is objected to by the Examiner.  
 10) The drawing(s) filed on 31 December 2003 is/are: a) accepted or b) objected to by the Examiner.  
     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).  
 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
 a) All    b) Some \* c) None of:  
 1. Certified copies of the priority documents have been received.  
 2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- 1) Notice of References Cited (PTO-892)  
 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)  
 3) Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)  
     Paper No(s)/Mail Date 12/6/04.
- 4) Interview Summary (PTO-413)  
     Paper No(s)/Mail Date. \_\_\_\_\_.  
 5) Notice of Informal Patent Application (PTO-152)  
 6) Other: \_\_\_\_\_.

## DETAILED ACTION

### *Information Disclosure Statement*

1. The information disclosure statement on sheets 2-4 filed on 12/6/2003 which contains non patent literature documents failed to provide the month and year of the documents.

Therefore, the examiner do not consider and initial them at this time until the applicant provides both the month and year of the documents as **required** by the patent office.

### *Claim Rejections - 35 USC § 112*

2. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

3. Claims 37-38, 46 & 59 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claim 37, line 9, "the sensor" will be changed to "the sensors" after "from";

Claim 38 recites the limitation "the request" in line 1. There is insufficient antecedent basis for this limitation in the claim.

Claim 46 recites the limitation "the request" in line 4. There is insufficient antecedent basis for this limitation in the claim.

Claim 46, line 2, "a sensor" will be changed to "the sensors" after "from";

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Claim 46, line 3, "the sensor" will be changed to "the sensors" after "from";

Claim 59 recites the limitation "the portable" in line 2. There is insufficient antecedent basis for this limitation in the claim.

***Claim Rejections - 35 USC § 102***

4. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use, or on sale in this country, more than one year prior to the date of application for patent in the United States.

5. Claims 1-7, 9-10, 13-15, 22-25, 27-29, 37-38, 40-43, 45-48, 50-52, 54-59 rejected under 35 U.S.C. 102(b) as being anticipated by Dempsey et al. (U.S. 6,057,758).

Regarding claim 1, Dampsey discloses a method for use in a medical monitoring system where a patient's physiological characteristic as a real time ECG waveform (302), a current heart rate measurement, a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement are being monitored for conditions on a display device (300) that may require attention by a clinician [ figs.1,3, col.4, lines 40-64, col.6, lines 20-33, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ] comprising:

- receiving a notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) (300) measurement are

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being monitored at all time and transmitted to a portable electronic device (100A, 100B) designed to be carried by the clinicians [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement (300) are being monitored at all time and transmitted to a portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claims 2 & 4, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement (300) are being monitored at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / the same time** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 3, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement (300) are being monitored at all time and transmitted to the portable

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electronic device (100A, 100B) which can be viewed the clinician through keyboard (426) / input as touchscreen (300E), mouse (424) [ fig.4, col.7, line 48 to col.8, line 24, col.9, line 44 to col.10, line 8 ].

Regarding claim 5, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are programmed and **monitored** at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claims 6-7, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time **ECG waveform** (302), a current **heart rate** measurement (300), a current **blood pressure** measurement, and a current **blood oxygenation** (SpO2) measurement (300) are being monitored at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / can be viewed on the display device (300)** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claims 9-10, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time **ECG waveform** (302), a current **heart rate** measurement (300), a current **blood pressure** measurement, and a current **blood oxygenation** (SpO<sub>2</sub>) measurement (300) are being monitored at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / can be viewed on the display device (300)** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claims 13-15, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time **ECG waveform** (302), a current **heart rate** measurement (300), a current **blood pressure** measurement, and a current **blood oxygenation** (SpO<sub>2</sub>) measurement (300) are being monitored & received to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Regarding claim 22, Dampsey discloses a method for use in a medical monitoring system where a patient's physiological characteristic as a real time ECG waveform (302), a current heart rate measurement, a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement are being monitored for condiditions on a display device (300) that may require

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attention by a clinician [ figs.1,3, col.4, lines 40-64, col.6, lines 20-33, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ] comprising:

- receiving a notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) (300) measurement are being monitored at all time and transmitted to a portable electronic device (100A, 100B) designed to be carried by the clinicians [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ];

- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform (302)**, a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to a portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 23, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform (302)**, a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / the same time** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 24-25, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time **ECG waveform** (302), a current **heart rate** measurement (300), a current **blood pressure** measurement, and a current **blood oxygenation** (SpO2) measurement (300) are being monitored at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / can be viewed on the display device (300)** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claims 27-29, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient the notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time **ECG waveform** (302), a current **heart rate** measurement (300), a current **blood pressure** measurement, and a current **blood oxygenation** (SpO2) measurement (300) are being monitored & received to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11; line 60 to col.12, line 10 ].

Regarding claim 37, Dampsey discloses a method for use in a medical monitoring system where a patient's physiological characteristic as a real time ECG waveform (302), a current heart rate measurement, a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement are being monitored (106) on a display device (300) of portable electronic device

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(100A, 100B) that may require attention by a clinician [ figs.1,3, col.4, lines 40-64, col.6, lines 10-33, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ] comprising:

- a patient monitoring device (106) as heart rate (300), blood pressure and blood oxygenation are attached to a patient for detecting physiological condition [ figs.1,3, col.6, lines 10-33, col.7, line 63 to col.8, line 8 ];
- the sensors (106) coupled to a processor to analyze the patient's physiological conditions as the heart, blood pressure and blood oxygenation for detecting physiological condition is inherently [ figs.1,3, col.6, lines 10-33, col.7, line 63 to col.8, line 8 ];
- receiving a notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) (300) measurement are being monitored at all time and **transmitted** to a portable electronic device (100A, 100B) designed to be carried by the clinicians [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement (300) are being monitored at all time from the patient monitoring device (106) and **transmitted** to a portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 38, Dampsey discloses the portable electronic device (100A, 100B) designed to be carried by the clinicians which may receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time** ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement (300) are being **monitored (106) at all time which are programmed by the nurses / clinicians** [ figs.1, 3-4, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claims 40 & 42, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time** ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement (300) are being monitored (106) at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / the same time** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 41, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time** ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement (300) are being monitored (106) at all time and transmitted to the portable electronic device (100A, 100B) which can be viewed the clinician through keyboard (426) /

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input as touchscreen (300E), mouse (424) [ fig.4, col.7, line 48 to col.8, line 24, col.9, line 44 to col.10, line 8 ].

Regarding claims 43 & 45, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Regarding claim 46, Dampsey discloses the method for use in a medical monitoring system where a patient's physiological characteristic as a real time ECG waveform (302), a current heart rate measurement, a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement are being monitored (106) on a display device (300) of portable electronic device (100A, 100B) that may require attention by a clinician [ figs.1,3, col.4, lines 40-64, col.6, lines 10-33, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ] comprising:

- a patient monitoring device (106) as heart rate (300), blood pressure and blood oxygenation are attached to a patient for detecting physiological condition [ figs.1,3, col.6, lines 10-33, col.7, line 63 to col.8, line 8 ];
- the sensors (106) coupled to a processor to analyze the patient's physiological conditions as the heart, blood pressure and blood oxygenation for detecting physiological condition is inherently [ figs.1,3, col.6, lines 10-33, col.7, line 63 to col.8, line 8 ];

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- receiving a notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) (300) measurement are being monitored (106) at all time and **transmitted** to a portable electronic device (100A, 100B) designed to be carried by the clinicians [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time** ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time from the patient monitoring device (106) and **transmitted** to a portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 47, Dampsey discloses a system for use in a medical monitoring system where a patient's physiological characteristic as a real time ECG waveform (302), a current heart rate measurement, a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement are being monitored (106) on a display device (300) of **portable** electronic device (100A, 100B) that may require attention by a clinician [ figs.1,3, col.4, lines 40-64, col.6, lines 10-33, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ] comprising:

- a patient monitoring device (106) as heart rate (300), blood pressure and blood oxygenation are attached to a patient for detecting physiological condition [ figs.1,3, col.6, lines 10-33, col.7, line 63 to col.8, line 8 ].

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- the sensors (106) coupled to a processor circuit to analyze the patient's physiological conditions as the heart, blood pressure and blood oxygenation for detecting physiological condition is inherently [ figs.1,3, col.6, lines 10-33, col.7, line 63 to col.8, line 8 ];
- receiving a notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) (300) measurement are being monitored (106) at all time and **transmitted** to a portable electronic device (100A, 100B) designed to be carried by the clinicians [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time from the patient monitoring device (106) and **transmitted** to a portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 48, Dampsey discloses the portable electronic device (100A, 100B) designed to be carried by the clinicians which may receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being **monitored (106) at all time which are programmed by**

**the nurses / clinicians** [ figs.1, 3-4, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claims 50-52, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored (106) at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / the same time** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 54, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current **heart rate** measurement (300), a current **blood pressure** measurement, and a **current blood oxygenation** (SpO2) measurement (300) are being monitored & received to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Regarding claim 55, Dampsey discloses a method for use in a medical monitoring system where a patient's physiological characteristic as a real time ECG waveform (302), a current heart rate measurement, a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement are being monitored (106) on a display device (300) of **portable** electronic device (100A, 100B) that may require attention by a clinician [ figs.1,3, col.4, lines 40-64, col.6, lines 10-33, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ] comprising:

- receiving a notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) (300) measurement are being monitored (106) at all time and **transmitted** to a portable electronic device (100A, 100B) designed to be carried by the clinicians [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ];
- sensors (106) coupled to a processor circuit to analyze the patient's physiological conditions as the heart, blood pressure and blood oxygenation for detecting physiological condition is inherently [ figs.1,3, col.6, lines 10-33, col.7, line 63 to col.8, line 8 ];
- the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time** ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time from the patient monitoring device (106) and **transmitted** to a portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 56, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored (106) at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / the same time** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claims 57-59, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current **heart rate** measurement (300), a current **blood pressure** measurement, and a current **blood oxygenation** (SpO2) measurement (300) are being monitored at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / can be viewed on the display device (300)** [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

***Claim Rejections - 35 USC § 103***

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

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(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

7. Claims 8, 11-12, 16-21, 26, 30-36, 39, 44, 49, 53 & 60 are rejected under 35 U.S.C.

103(a) as being unpatentable over Dempsey et al. (U.S. 6,057,758).

Regarding claim 8, Dampsey discloses the portable electronic device (100A, 100B) designed to be carried by the clinicians which may receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time** ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO<sub>2</sub>) measurement (300) are being monitored at all time [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Dempsey does not specifically mention the amount of live data receive is limited based on a size of the data to be transferred as claimed by the applicant.

However, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Therefore, it would have been obvious to one having ordinary skill in the art to employ the system of Dempsey for transmitting / transferring very important data information as physiological message to other devices who is closest to the patient for checking up the patient / permit other the nurses / clinicians to respond to the alarm indication.

Regarding claim 11, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Regarding claim 12, Dampsey discloses the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a **current heart rate** measurement (300), a **current blood pressure** measurement, and a **current blood oxygenation** (SpO2) measurement (300) are being monitored at all time and transmitted to the portable electronic device (100A, 100B) designed to be carried by the clinicians is **live physiological / can be viewed on the display device** (300) [ figs.1,3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 16-17, Dempsey does not specifically mention the setting points on physiologic data that was received live by the portable electronic device as claimed by the applicant.

Dampsey discloses the portable electronic device (100A, 100B) designed to be carried by the clinicians which may receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a **current heart rate measurement** (300), a **current blood pressure measurement**, and a **current blood oxygenation** (SpO2) measurement (300) are being **monitored at all time which are programmed by the nurses /**

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**clinicians** [ figs.1, 3-4, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Regarding claim 18, Dempsey does not specifically mention the points may be forwarded to a second portable electronic device as claimed by the applicant.

However, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ fig.4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Therefore, it would have been obvious to one having ordinary skill in the art to employ the system of Dempsey for transmitting / transferring very important data information as physiological message to other devices who is closest to the patient for checking up the patient / permit other the nurses / clinicians to respond to the alarm indication.

Regarding claims 19-21, Dempsey does not specifically mention the portable electronic device has a volume of less than 75 or 35 or 10 cubic inches as claimed by the applicant.

However, Dempsey teaches the portable electronic device (100A) or 2<sup>nd</sup> portable electronic device (100B) can be six inches tall, four inches wide and one-half inch deep [ figs.1-3, col.7, lines 20-33 ].

Those skilled in the art may recognize that the portable electronic device can be any form or shape or volume, because it is an obvious design choice of the skilled artisan.

Regarding claim 26, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Regarding claim 30, Dempsey does not specifically mention the portable electronic device has a volume of less than 35 cubic inches as claimed by the applicant.

However, Dempsey teaches the portable electronic device (100A) or 2<sup>nd</sup> portable electronic device (100B) can be six inches tall, four inches wide and one-half inch deep [ figs.1-3, col.7, lines 20-33 ].

Those skilled in the art may recognize that the portable electronic device can be any form or shape or volume, because it is an obvious design choice of the skilled artisan.

Regarding claims 31-32, Dampsey discloses a portable electronic device (100A, 100B) designed to be carried by the clinicians which may receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time** ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) are being monitored at all time [ figs.1-3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ] comprising:

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- receiving a notification message from patient's name John Doe (300A), in room # 436A (300B) as a real time ECG waveform (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) (300) measurement are being monitored at all time and transmitted to a portable electronic device (100A, 100B) designed to be carried by the clinicians / is **live physiological** [ figs.1-3, col.4, lines 40-64, col.7, line 63 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

Dempsey does not specifically mention the portable electronic device has a volume of less than 60 or 35 cubic inches as claimed by the applicant.

However, Dempsey teaches the portable electronic device (100A) or 2<sup>nd</sup> portable electronic device (100B) can be six inches tall, four inches wide and one-half inch deep [ fig.3, col.7, lines 20-33 ].

Those skilled in the art may recognize that the portable electronic device can be any form or shape or volume, because it is an obvious design choice of the skilled artisan.

Regarding claims 33-35, Dampsey discloses a portable electronic device (100A, 100B) designed to be carried by the clinicians having a display device (300) which may receive the notification message from patient's name John Doe (300A), in room # 436A (300B) as a **real time ECG waveform** (302), a current heart rate measurement (300), a current blood pressure measurement, and a current blood oxygenation (SpO2) measurement (300) [ fig.3, col.7, line 48 to col.8, line 8, col.11, line 60 to col.12, line 11 and abstract ].

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Regarding claim 36, However, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.1-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Regarding claims 39 & 49, Dempsey does not specifically mention the portable electronic device has a volume of no more than 35 cubic inches as claimed by the applicant.

However, Dempsey teaches the portable electronic device (100A) or 2<sup>nd</sup> portable electronic device (100B) can be six inches tall, four inches wide and one-half inch deep [ figs.1-3, col.7, lines 20-33 ].

Those skilled in the art may recognize that the portable electronic device can be any form or shape or volume, because it is an obvious design choice of the skilled artisan.

Regarding claim 44, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit / communicate with other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) from the clinician when the clinician is far away from the patient room about the patient information is programmed in a database of the hospital system [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

Regarding claims 53 & 60, Dempsey teaches the nurse / clinician may use the portable electronic device (100A) to transmit the real time data information of the patient to other devices as a 2<sup>nd</sup> portable electronic device (100B) or central station (108) as desired from the clinician when the clinician is far away from the patient room [ figs.3-4, col.3, line 58 to col.4, line 2, col.7, lines 48-62, col.8, lines 46-60, col.11, line 60 to col.12, line 10 ].

### **Conclusion**

8. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

- Dempsey et al. (U.S. 5,417,222) Patient monitoring system.
- Phipps (U.S. 6,579,231) Personal medical monitoring unit and system.
- Russ (U.S. 6,749,566) Patient monitoring area network.

9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Hung T. Nguyen whose telephone number is (571) 272-2982. The examiner can normally be reached on Monday to Friday from 8:00am to 5:30pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Hofsass, Jeffery can be reached on (571) 272-2981. The fax phone number for this Group is (571) 273-8300.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Group receptionist whose telephone number is (703) 305-4700.

HUNG NGUYEN  
PRIMARY EXAMINER



Examiner: Hung T. Nguyen

Date: July 21, 2005